

### 2021-22 May Revision:

## **Master Plan for Aging Investments**

The 2021-22 May Revision includes new investments of \$2.1 billion one-time and \$1.7 billion ongoing (total funds) to build an age-friendly California and to support the growing and diversifying population of older adults, people with disabilities, and family caregivers. California's more than 8.6 million adults 60 and over and their families faced serious risks and devastating losses during COVID-19. The May Revision addresses the urgent needs for recovery from the pandemic and invests in the resilience of California's older adults, who are helping lead our communities, families, and State in building back better.

The May Revision proposes comprehensive investments to advance the goals of the Master Plan for Aging, released on January 6, 2021 (<a href="https://mpa.aging.ca.gov/">https://mpa.aging.ca.gov/</a>), to build a California for all Ages by 2030. The Plan was informed by valuable input from the public, stakeholders, the Legislature, and the Cabinet Work Group, as well as the Governor's Task Force on Alzheimer's Disease Prevention and Preparedness. The Master Plan sets forth five bold goals for 2030 with 23 strategies; outlines over 100 specific initiatives for 2021-22; and is tied to a Data Dashboard for Aging, to measure progress and gaps.

These proposals look to advance a California for All that will benefit all Californians as we age, as well as targeted new, and continuing, investments in aging and Alzheimer's. These investments are proposed across multiple Cabinet Agencies and several departments in the California Health and Human Services Agency (CHHS) including the Department of Aging (CDA), Department of Social Services (CDSS), Department of Health Care Services (DHCS), Department of Public Health (CDPH), and Office of Statewide Health Planning and Development (OSHPD). These targeted investments to advance the Master Plan for Aging goals are summarized below, under each of the Master Plan for Aging's five bold goals.

Targeted New Investments for a California for All Ages and Abilities

**Goal 1: Housing for All Ages and Stages** 

Community Care Expansion (CDSS)
 (\$1 billion [\$550 million General Fund and \$450 Federal Fund] onetime through 2022-2023)

The May Revision includes \$1 billion (\$50 million General Fund and \$450 million Federal Fund in 2021-22 and \$500 million General Fund in 2022-23) for the Department of Social Services to support local entities acquire and rehabilitate Adult Residential Facilities (ARF) and Residential Care Facilities of the Elderly (RCFE) with a specific focus on preserving and expanding housing for low-income seniors who are homeless or at risk of becoming homeless.

Falls Prevention/Home Modification (CDA)
 (\$5 million General Fund reappropriation from FY 2019-20 until 06/30/2022)

The Dignity at Home Fall Prevention Program was established in 2019-20 with a one-time \$5 million General Fund appropriation to provide grants to the local Area Agencies on Aging (AAAs) for information and education on injury prevention; referrals to related resources and services; and home environmental assessments and assessments of individual injury prevention needs, including instructions on behavioral, physical, and environmental aspects of injury prevention. The program originally had a sunset date of 06/30/21. The proposed reappropriation until 06/30/2022 would allow AAAs to expend and liquidate funds through 06/30/22. Additionally, The Master Plan for Aging Implementation April 1st BCP (see below) also includes 1.0 limited-term staff position to continue oversight of the program.

In addition, the Older Adult Recovery and Resiliency proposal (see below) includes \$10 million General Fund one-time for Fall Prevention and Home Modification.

Permanent In-Home Support Services Back-Up Provider System (CDSS)
 (\$11.1 million General Fund onetime in 2021-22)

The May Revision includes \$11.1 million General Fund onetime in 2021-22 to support a permanent back-up provider system for severely impaired In-Home Supportive Services (IHSS) recipients to avoid disruptions to caregiving due to emergencies.

# **Goal 2: Health Reimagined**

Expand Medi-Cal Health to Undocumented Older Adults Age 60+ (DHCS)
 (\$68 million [\$50 million General Fund] in 2021-22 and \$1 billion [\$856 million General Fund] ongoing)

The May Revision proposes to expand Medi-Cal, including IHSS, to undocumented adults aged 60 and older effective no sooner than May 1, 2022.

 Office of Medicare Innovation and Integration (DHCS) (\$602,000 [\$452,00 General Fund] ongoing)

An April 1<sup>st</sup> Budget Change Proposal includes 4.0 permanent positions to provide DHCS focused leadership and expertise to lead innovative models for Medicare beneficiaries in California, including both Medicare-only beneficiaries and individuals dually eligible for Medicare and Medical.

 Medicare Options Counseling / Health Insurance Counseling and Advocacy Program (HICAP) Modernization (CDA)
 (\$2 million HICAP Fund annually in 2021-22 and 2022-23)

HICAP provides free, confidential one-on-one counseling, education, and assistance to individuals and their families on Medicare, Long-Term Care (LTC) insurance, and other health insurance related issues, and planning for LTC needs. HICAP also provides legal assistance or legal referrals in dealing with Medicare or LTC insurance related needs. In 2019-20, the program served 63,255 older adults.

An April 1<sup>st</sup> Budget Change Proposal provides two-year limited-term resources to modernize HICAP and address the growing older adult population. These resources include 3.0 positions at CDA to develop, implement, and lead HICAP modernization efforts and local assistance funding to allow local HICAPs to hire 1.0 full-time Volunteer Coordinator.

 Bold and Equitable Path Forward on Alzheimer's (CDPH) (\$24.5 million General Fund one-time in 2021-2022)

The May Revision proposes a comprehensive and coordinated approach to Alzheimer's with an emphasis on communities of color and women, who are disproportionately susceptible to the disease and the primary providers of caregiving. The May Revision includes \$7.5 million in new investments in addition to the \$17 million proposed in the Governor's Budget. Investments to be administered by CDPH are five-pronged: \$10 million one-time General Fund for a public education campaign on brain health; \$4 million one-time General Fund for new training and certification for caregivers; \$4.5 million one-time General Fund for expanded training in standards of care for health care providers; \$2 million one-time General Fund for grants to communities to become dementia-friendly; and \$4 million one-time General Fund for research to strengthen California's leadership on disparities and equity in Alzheimer's. See also Increased Geriatric Care Workforce proposal at OSHPD below.

Increased Geriatric Care Workforce (OSHPD)
 (\$8 million General Fund one-time in 2021-2022)

The May Revision includes resources for OSHPD to grow and diversify the pipeline for the geriatric medicine workforce, as the increasing and diversifying numbers of older adults living longer lives require developing a larger and more diverse pool of health care workers with experience in geriatric medicine.

The May Revision includes \$5 million in new funding in addition to the \$3 million proposed in the Governor's Budget.

In-Home Supportive Services (IHSS) (CDSS)
 (\$248 million General Fund in 2022-2023 and \$496 million General Fund ongoing)

The May Revision proposes to eliminate the IHSS 7 percent reduction in service hours.

Community-Based Adult Services (CBAS) Certification Workload (CDA)
 (\$1.9 million [\$773,000 General Fund] in 2021-22 and \$2.4 million [\$946,000 General Fund] ongoing)

The CBAS program, also known as Adult Day Health, is an alternative to skilled nursing facilities for those individuals who are capable of living at home with the aid of appropriate health, rehabilitative, personal care, and social services. In 2019-20, the CBAS program served 35,044 individuals at the 257 CBAS centers. The January Governor's Budget continues this investment. The May Revision proposes an increase of 10.0 permanent positions to allow CDA to keep up with increased certification workload in the program.

Long-Term Care Office of Patient Representative (CDA)
 (\$2.5 million in 2021-22, \$4 million ongoing Licensing and Certification Program Fund)

An April 1<sup>st</sup> Budget Change Proposal includes 6.0 permanent positions and local assistance funding to support local patient representative programs contracted by CDA. The Office will provide representation on skilled nursing facilities' (SNF) and intermediate care facilities' (ICF) medical decision-making interdisciplinary teams to patients who lack capacity to make their own health care decisions, who do not have a legally authorized decision-maker, and who do not have family member or friend who can act as a patient representative. CDA also proposes related statutory changes to establish the office.

# Goal 3: Inclusion and Equity, not Isolation

Older Adult Recovery and Resiliency (CDA)
 (\$106 million General Fund one-time available over three years)

The May Revision proposes a one-time General Fund investment of \$106 million, available over three years, to strengthen older adults' recovery and resiliency from the severe isolation and health impacts from staying at home for over a year due to the Coronavirus pandemic. This investment will facilitate older adults' reengagement with in-person community activities and services, through the network of aging and disability services provided locally by AAAs. The investments include \$2.1 million one-time for the Behavioral Health Warmline; \$17 million one-time for Digital Connections; \$1 million one-time for Elder and Disability Abuse Prevention; \$20 million one-time for Legal Services; \$17 million one-time for Employment Opportunities; \$20.7 million one-time for Home-Delivered and Community Center Meals; \$10 million one-time for Fall Prevention and Home Modification; \$2.8 million one-time for Family Caregiving; \$9.4 million one-

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time for Aging and Disability Resource Connections; and \$6 million one-time for State and Local Leadership and Oversight.

Aging and Disability Resource Connection (ADRC) "No Wrong Door" (CDA)
 (Local Assistance: \$7.5 million General Fund in 2021-22 and \$10 million General Fund ongoing; State Operations: \$2 million General Fund ongoing)

The May Revision builds on the Governor's Budget and proposes to remove the ADRC program suspensions to provide local assistance funding of \$7.5 million in 2021-22 and \$10 million ongoing for the ADRC Infrastructure Grants program. Additionally, an April 1<sup>st</sup> Budget Change Proposal includes \$2 million ongoing to support 13.0 permanent positions to support the ADRC program.

The ADRC Infrastructure Grants program supports efforts by local AAAs and Independent Living Centers (ILCs) to set-up a state-wide network of ADRCs. The ADRC program, also known as "No Wrong Door," which was a key recommendation of both the Master Plan for Aging Stakeholder Advisory Committee and the Task Force on Alzheimer's. The ADRC program is the State's only coordinated "one-stop" telephone and on-line access which enables a single point of entry for older adults and people with disabilities, regardless of age, income, or disability, to navigate their local systems of long-term services and supports. ADRC programs provide warm hand-off information and referral/assistance services, person-centered options counseling, short-term service coordination during times of crisis, and transition services from hospitals to home and from skilled nursing facilities back into the community. There are currently 6 designated and 11 emerging ADRC programs in the state and this funding will enable the establishment of ADRC programs throughout the State.

The permanent staffing resources will allow CDA to support the administration of the grant program and to provide the ADRC network with state-wide oversight, coordination, training, and technical assistance. CDA will develop centralized services and resources to prevent duplication of efforts by local ADRCs such as a statewide website and phone line. CDA will also work to establish the administrative capacity for the ADRC program to draw down federal funding through Medicaid Administrative Claiming.

In addition, the Older Adult Recovery and Resiliency proposal (see above) includes \$9.4 million General Fund one-time for ADRC.

Language Access Initiative (CHHS)
 (\$20 million General Fund one-time in 2021-22)

The May Revision proposes to improve and deliver language access services across the spectrum of Health and Human Services (HHS) programs in order to advance equity - including aging, disability, and family caregiver programs, which are serving an increasingly diverse population. This builds on a 2021 Governor's Budget proposal for CHHS to develop and implement an HHS-wide policy framework to improve language access standards across programs and services.

# Master Plan for Aging Implementation (CDA) (\$3.3 million General Fund ongoing)

An April 1st Budget Change Proposal proposes \$3.3 million General Fund ongoing to fund 20.0 permanent positions that will support the initial implementation of the Master Plan for Aging (MPA). These positions will provide MPA support through policy, technology, data, project management, and technical guidance. This investment is first step in developing a CDA infrastructure that can inform the work of the five MPA goals: housing for all ages; health reimagined; inclusion and equity, not isolation; caregiving that works; and affording aging. The work of the MPA will be tracked through the Data Dashboard for Aging, the stakeholder oversight committee forming in spring 2021 (IMPACT), and the annual report process.

### Senior Advisor on Aging, Disability, and Alzheimer's (Governor's Office)

As proposed in the January Governor's Budget, the Governor aims to appoint in the new budget year a Senior Advisor on Aging, Disability, and Alzheimer's to advance cross-Cabinet initiatives and partnerships between government, the private sector, and philanthropy, such as closing the digital divide, transportation options beyond driving, and caregiving workforce solutions, for Californians of all ages.

## **Goal 4: Caregiving that Works**

Long Term Care Career Pathways (CDSS)
 (\$200 million General Fund one-time in 2021-22)

The May Revision includes \$200 million General Fund one-time in 2021-22 to incentive, support, and fund career pathways for In Home Supportive Service providers, allowing these workers to build on their direct care experience and obtain positions such as certified home health aide, certified nursing assistant, licensed vocational nurse, and more.

#### • Family Caregiving Services (CDA)

The Older Adult Recovery and Resiliency proposal (see above) includes \$2.8 million General Fund one-time for the Family Caregiving program which provides supportive services to unpaid family caregivers of older adults and grandparents, or other older relatives, with primary caregiving responsibilities for a child.

## **Goal 5: Affording Aging**

 Cost of Living Adjustment for State Supplemental Payment (SSP), Cash Assistance Program for Immigrants (CAPI), and California Veterans Cash Benefits (CVCB) (CDSS) (\$66.3 million General Fund in 2021-22 and \$131.5 million General Fund ongoing)

The May Revision restores cost of living adjustments for SSP, CAPI, and CVCB recipients to 2011 payment levels. An estimated 1.2 million older and disabled Californians will participate in

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SSI/SSP in 2021-2022, receiving a monthly cash grant for basic needs of \$955 for individuals and \$1,598 for couples as of January-2021. The federal SSI program provides a monthly cash benefit to eligible aged, blind, and disabled persons who meet the programs income and resource requirements. In California, the SSI payment is augmented with a SSP grant. The state-only CAPI program provides monthly cash benefits to legal noncitizens who are ineligible for SSI/SSP solely due to immigration status.

Housing and Disability Advocacy Program (CDSS)
 (\$175 million General Fund annually in 2021-22, 2022-23, 2023-24)

The May Revision proposes \$175 million per year through 2023-24 to assist older and disabled individuals experiencing homelessness. Additionally, the Budget waives the interim Assistance Reimbursement requirement through the end of 2023-24.

Home Safe (CDSS)
 (\$100 million General Fund annually in 2021-22 and 2022-2023)

The May Revision proposes \$100 million per year through 2022-23 for access to health, safety, and housing supports for older and vulnerable adults involve in or at risk of involvement in Adult Protective Services.

Senior Nutrition: Home Delivered Meals and Community Center Meals (CDA)
 (\$17.5 million General Fund ongoing)

The May Revision builds on the Governor's Budget and proposes to remove the Senior Nutrition program suspensions to provide local assistance funding of \$17.5 million ongoing. The Senior Nutrition Program provides both home-delivered and congregate meals at community and senior centers, as well as nutrition education and nutrition-risk screening to individuals aged 60 or older. During the COVID-19 pandemic, a record number of meals have been delivered to older adults at home, due to increased federal, state, and local funds.

In addition, the Older Adult Recovery and Resiliency proposal (see above) includes \$20.7 million General Fund one-time for the Senior Nutrition Program.

CalFresh Expansion Older Adults Outreach (CDA)
 (\$2.0 million [\$1.1 million General Fund] ongoing)

The May Revision proposes continued funding for the CalFresh Expansion-Older Adults Outreach Program that assists eligible Supplemental Security Income (SSI) and State Supplementary Payment (SSP) recipients with applying for CalFresh food benefits. CalFresh enrollment is an effective way to reduce food insecurity and help older adults remain in their home and maintain the ability to perform activities of daily living. CalFresh provides greater access to nutritious foods and can "free-up" financial resources for other vital expenses, such as housing and medications.